



WEST DES MOINES HUMAN SERVICES FRIENDSHIP CONNECTION PHOTO CONSENT & RELEASE FORM

I, _____, hereby authorize West Des Moines Human Services and/or parties designated by West Des Moines Human Services (including clients, providers, agencies, print, audio, or visual media, periodicals or other printed matter and their editors) to use my photograph or audio/visual recordings in conjunction with my name for reproduction in any medium West Des Moines Human Services and their designees see fit for purposes of program promotion, public relations, education and advocacy. By signing this I am acknowledging that I have read and understand the foregoing and hereby approve and consent that West Des Moines Human Services may use my photograph and/or audio/visual recording for the terms mentioned above. This includes, but is not limited to, preparing press releases, website display, brochures, newsletters, social media postings, fliers, articles for the WDM City magazine or other publications. I understand that my photograph may be used in all forms recognized as community media. I affirm that I have the legal right to issue such consent. I further understand that no royalty, fee or other compensation of any character shall become payable to me by West Des Moines Human Services or any other party

I also agree to hold harmless West Des Moines Human Services, its agents, employees and volunteers from any and all liability for personal injuries or damages I may hereafter sustain while participating in, traveling to or from, or from observing sponsored activities. I certify that I have full knowledge of the risks involved in leisure/recreation activities, and that I have not medical or physical conditions that prevent my participation.

☐ I have read and understand the foregoing, and hereby approve and consent to the terms mentioned above.

☐ I am the parent or guardian of _____.

I have read and understand the foregoing and hereby approve and consent to the terms mentioned above. I affirm that I have the legal right to issue such consent.

SIGNATURE of participant or parent/guardian

DATE

PRINTED NAME of participant or parent/guardian

Please return completed form to:

West Des Moines Human Services
Attention: Whitney Rivas
139 - 6th Street, P.O. Box 65320
West Des Moines, Iowa 50265-0320
Ph (515) 222-3660 ♦ Fax (515) 222-3669
whitney.rivas@wdm.iowa.gov